

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

07

31

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 162

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>2009</div>	<div><div>1</div><div>3</div><div>3</div><div>9</div><div>6</div><div>7</div><div>4</div><div>.</div><div>0</div><div>6</div></div>
(b) Cash on Hand at Beginning of Reporting Period	<div><div>1</div><div>4</div><div>1</div><div>1</div><div>4</div><div>6</div><div>9</div><div>.</div><div>1</div><div>7</div></div>	
(c) Total Receipts (from Line 19)	<div><div>1</div><div>8</div><div>8</div><div>2</div><div>5</div><div>6</div><div>.</div><div>7</div><div>8</div></div>	<div><div>6</div><div>6</div><div>6</div><div>9</div><div>2</div><div>7</div><div>.</div><div>0</div><div>6</div></div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div><div>1</div><div>5</div><div>9</div><div>7</div><div>2</div><div>5</div><div>.</div><div>9</div><div>5</div></div>	<div><div>2</div><div>0</div><div>0</div><div>6</div><div>6</div><div>0</div><div>.</div><div>1</div><div>2</div></div>
7. Total Disbursements (from Line 31)	<div><div>1</div><div>6</div><div>5</div><div>7</div><div>2</div><div>9</div><div>.</div><div>4</div><div>5</div></div>	<div><div>5</div><div>7</div><div>2</div><div>6</div><div>0</div><div>4</div><div>.</div><div>6</div><div>2</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div>1</div><div>4</div><div>3</div><div>3</div><div>9</div><div>6</div><div>.</div><div>5</div><div>0</div></div>	<div><div>1</div><div>4</div><div>3</div><div>3</div><div>9</div><div>6</div><div>.</div><div>5</div><div>0</div></div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div><div>0</div><div>.</div><div>0</div><div>0</div></div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div><div>0</div><div>.</div><div>0</div><div>0</div></div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	127671.15	283015.57
(ii) Unitemized	46845.25	94391.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	174516.40	377406.71
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	174516.40	377406.71
12. Transfers From Affiliated/Other Party Committees	12550.00	265650.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	22000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	190.38	1870.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	188256.78	666927.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	188256.78	666927.06

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	229.45	4154.62	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	229.45	4154.62	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	165500.00	568450.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	165729.45	572604.62	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	165729.45	572604.62	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	174516.40	377406.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	174516.40	377406.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	229.45	4154.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	229.45	4154.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Reginald M. Ballantyne, III

Mailing Address 3266 East Valley Vista Lane

City

Paradise Valley

State

AZ

Zip Code

85253-3738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanguard Health System

Occupation

Corporate Officer & Senior Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 17229577

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Laurence A Tanner

Mailing Address P O Box 100

City

New Britain

State

CT

Zip Code

06050-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital of Central Conne-
cticut, The

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 17229981

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas C. Dolan, Ph.D., FAC

Mailing Address 339 Cottage Hill

City

Elmhurst

State

IL

Zip Code

60126-3332

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Healt-
hcare Executi

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 17230338

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Margaret B Ferree

Mailing Address P.O. Box 279

City

Easton

State

MD

Zip Code

21601-8903

FEC ID number of contributing
federal political committee.**C**Name of Employer
Shore Health SystemOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	9

Transaction ID: 17231923

Amount of Each Receipt this Period

255.00

B.

Full Name (Last, First, Middle Initial)

Mr Monte Akridge

Mailing Address 3300 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-4418

FEC ID number of contributing
federal political committee.**C**Name of Employer
Integris Baptist Medical
CenterOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	9

Transaction ID: 17240159

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rex Jones

Mailing Address P O Box 1038

City

Okmulgee

State

OK

Zip Code

74447-1038

FEC ID number of contributing
federal political committee.**C**Name of Employer
Okmulgee Memorial HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	9

Transaction ID: 17240162

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Brian E. Keeley

Mailing Address 6855 Red Road, Suite 600

City

Coral Gables

State

FL

Zip Code

33143-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health South Flor-
ida

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240271

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin N Fowler

Mailing Address 10 Mountain Meadow Estates

City

Chapmanville

State

WV

Zip Code

25508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional Medical Ce-
nter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240276

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald E. McDaniel, III

Mailing Address Rt. 4, Box 32AA

City

Chapmanville

State

WV

Zip Code

25508-9719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional Medical Ce-
nter

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240277

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Howard Neiberg, M.D.

Mailing Address 1388 National Road Apt. #3

City

Wheeling

State

WV

Zip Code

26003-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reynolds Memorial Hospital

Occupation

Director, Radiology Department

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	9

Transaction ID: 17240279

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth L Aderholdt

Mailing Address 8077 Hawkcree Drive

City

Grand Blanc

State

MI

Zip Code

48439-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesys Health System

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	9

Transaction ID: 17240318

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Mr. Clark Ballard

Mailing Address 1601 Willoughby Road

City

Mason

State

MI

Zip Code

48854-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	9

Transaction ID: 17240319

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mrs. Amy Barkholz

Mailing Address 905 Sanctuary Dr.

City

Mason

State

MI

Zip Code

48854-1390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240320

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Terry L. Baxter

Mailing Address 6372 Buckham Wood Dr.

City

Kalamazoo

State

MI

Zip Code

49009-7597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Borgess Health Alliance

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240321

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jim Bogan

Mailing Address 1207 Birch Street

City

Houghton

State

MI

Zip Code

49931-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portage Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240325

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Alan W Brass, , FACHE

Mailing Address 1801 Richards Road

City

Toledo

State

OH

Zip Code

43607-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bixby Medical Center

Occupation

Chief Executive Officer and President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240328

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard C Breon

Mailing Address 4177 Thousand Oaks NE

City

Grand Rapids

State

MI

Zip Code

49525-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240351

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Edward Bruff

Mailing Address 1447 North Harrison Street

City

Saginaw

State

MI

Zip Code

48602-4727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240352

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark E Bush

Mailing Address 515 South Quarter Street

City

Gladwin

State

MI

Zip Code

48624-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240353

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Barton Buxton

Mailing Address 1018 Grandview Drive

City

Rochester Hills

State

MI

Zip Code

48306-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lapeer Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240354

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James M. Connelly

Mailing Address 7123 Kennowy Court

City

West Bloomfield

State

MI

Zip Code

48322-3276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240357

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Brian M Connolly

Mailing Address One Parklane Blvd, Ste 1000E

City

Dearborn

State

MI

Zip Code

48126-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240358

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Conway

Mailing Address 998 Brookwood St.

City

Birmingham

State

MI

Zip Code

48009-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240359

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. Paul Conway

Mailing Address 44010 Deep Hollow Circle

City

Northville

State

MI

Zip Code

48168-8412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

Sr. Vice President - Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240362

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Rob Covert

Mailing Address 200 North Madison Street

City

Marshall

State

MI

Zip Code

49068-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oaklawn Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240363

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas D DeFauw

Mailing Address 1221 Pine Grove Avenue

City

Port Huron

State

MI

Zip Code

48060-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Port Huron Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240364

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Mr. Randy DeGroot

Mailing Address 299 Western Avenue

City

Coldwater

State

MI

Zip Code

49036-1043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Health Center
of Branch Coun

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240365

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jack L Denton

Mailing Address P O Box 130

City

Eaton Rapids

State

MI

Zip Code

48827-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eaton Rapids Medical Cent-
er

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240366

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Ms. Margaret Dimond

Mailing Address 32400 Sylvan Lane

City

Beverly Hills

State

MI

Zip Code

48025-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Health Care Corpo-
ration

Occupation

Hospital Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240370

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. Patrick Dyson

Mailing Address P.O. Box 51167

City

Kalamazoo

State

MI

Zip Code

49005-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Borgess Health Alliance

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240371

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Eckels

Mailing Address 25654 Island Lake Drive

City

Novi

State

MI

Zip Code

48374-2175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Health

Occupation

Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240373

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Ennest

Mailing Address 8167 Sawgrass Trail

City

Grand Blanc

State

MI

Zip Code

48439-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesys Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240374

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Garry C Faja

Mailing Address 920 Aberdeen

City

Ann Arbor

State

MI

Zip Code

48104-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Mercy Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240376

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael J Falatko

Mailing Address 6117 Sunset Ridge Drive

City

Cass City

State

MI

Zip Code

48726-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hills and Dales General
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240377

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David S. Finkbeiner

Mailing Address 85 Damon Road

City

Haslett

State

MI

Zip Code

48840-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

Senior Vice President, Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240396

Amount of Each Receipt this Period

583.38

C.

Full Name (Last, First, Middle Initial)

Ms. Georgia R Fojtasek

Mailing Address 5325 Browns Lake Road

City

Jackson

State

MI

Zip Code

49203-5602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegiance Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240397

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1333.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dwight Gascho

Mailing Address 9325 Pt Charity

City

Pigeon

State

MI

Zip Code

48755-9767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scheurer Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240399

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Sean Gehle

Mailing Address 1828 Boston Blvd

City

Lansing

State

MI

Zip Code

48910-1173

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Health - Remote
Office

Occupation

Vice President, Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240409

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel M. George

Mailing Address 672 Morningside Drive

City

Grand Blanc

State

MI

Zip Code

48439-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240410

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ira Ginsburg

Mailing Address 2745 Southwood Drive

City

East Lansing

State

MI

Zip Code

48823-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Senior VP, Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240412

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Carol Goffnett

Mailing Address 4252 Magruder Road

City

Saint Louis

State

MI

Zip Code

48880-9103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grand View Hospital

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240418

Amount of Each Receipt this Period

425.00

C.

Full Name (Last, First, Middle Initial)

Mr Mark E Gronda

Mailing Address 2109 Durham

City

Saginaw

State

MI

Zip Code

48609-9236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240419

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mrs. Sylvia Hagenlocker

Mailing Address 290 Lone Pine Rd.

City

Bloomfield Hills

State

MI

Zip Code

48304-3543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospital - Royal
Oak

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240420

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gary Henriksen

Mailing Address 350 Crosswind Drive

City

Dimondale

State

MI

Zip Code

48821-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Chief Finance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240422

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr Dennis R Herrick

Mailing Address 1450 Redding

City

Birmingham

State

MI

Zip Code

48009-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospital - Royal
Oak

Occupation
Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240424

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Hoffman

Mailing Address 2440 Antietam Drive

City

Ann Arbor

State

MI

Zip Code

48105-1471

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Mercy Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240426

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Jackson

Mailing Address 270 Turkey Run

City

Charlevoix

State

MI

Zip Code

49720-9766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlevoix Area Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240434

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David B. Jahn

Mailing Address 3174 S. Woodfield Blvd.
Apt. 136

City

Sault Sainte Marie

State

MI

Zip Code

49783-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer
War Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240435

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Spencer Johnson

Mailing Address 2066 Riverwood Drive

City

Okemos

State

MI

Zip Code

48864-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240436

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark A Kelley

Mailing Address 1124 Covington Road

City

Bloomfield Hills

State

MI

Zip Code

48301-2363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240441

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles D. Kohlruss

Mailing Address 946 Meadow Lark Court

City

Holland

State

MI

Zip Code

49424-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Hospital

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240443

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Mark D. Kolins, MD

Mailing Address 777 Overhill Road

City

Bloomfield Village

State

MI

Zip Code

48301-2571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospital - Troy

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240444

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John M. Kosanovich, M.D.

Mailing Address 25 E. Hannum Blvd.

City

Saginaw

State

MI

Zip Code

48602-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240445

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr Dennis Krzeminski

Mailing Address 22526 Porter

City

Novi

State

MI

Zip Code

48374-3732

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Health Care Corpo-
ration

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240453

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. James Kure

Mailing Address 10140 Halsey Road

City

Grand Blanc

State

MI

Zip Code

48439-8208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesys Health System

Occupation

Director, Cardiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240454

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul E. LaCasse, DO

Mailing Address 6520 Commerce Road

City

West Bloomfield

State

MI

Zip Code

48324-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Botsford Hospital

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240455

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick Lamberti

Mailing Address 54570 Coventry Lane

City

Shelby Township

State

MI

Zip Code

48315-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer
POH Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240457

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gregory R. Lane

Mailing Address 1596 South Hill Circle

City

Bloomfield

State

MI

Zip Code

48304-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Health Care Corpo-
ration

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240463

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lori Latham

Mailing Address 13630 Juniper Drive

City

Dewitt

State

MI

Zip Code

48820-9078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240464

Amount of Each Receipt this Period

291.69

C.

Full Name (Last, First, Middle Initial)

Mr. Jim Lee

Mailing Address 803 Greenwich Drive

City

Grand Ledge

State

MI

Zip Code

48837-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

VP, Data Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240466

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1291.69

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gary LeRoy

Mailing Address 4158 Quaker Hill Drive

City

Fort Gratiot

State

MI

Zip Code

48059-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Port Huron Hospital

Occupation

Assistant Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240486

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marilyn Litka-Klein

Mailing Address 16930 Pine Hollow Drive

City

East Lansing

State

MI

Zip Code

48823-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

Sr. Director, Health Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240488

Amount of Each Receipt this Period

388.50

C.

Full Name (Last, First, Middle Initial)

Mr. Spencer Maidlow

Mailing Address 1447 North Harrison Street

City

Saginaw

State

MI

Zip Code

48602-4727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240490

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1188.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Rolland Mambourg, M.D.

Mailing Address 1690 Waterside Ct.

City

Ann Arbor

State

MI

Zip Code

48108-8578

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Mercy Hospital

Occupation

Vice President Physician Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240523

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. David L. Marcellino

Mailing Address 41511 Thoreau Ridge

City

Novi

State

MI

Zip Code

48377-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Botsford Hospital

Occupation

Corporate Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240524

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth J Matzick

Mailing Address 22500 Lavon

City

Saint Clair Shores

State

MI

Zip Code

48081-2076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospital - Royal
Oak

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240526

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 28 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Philip H McCorkle, Jr.

Mailing Address 200 Jefferson Avenue SE

City

Grand Rapids

State

MI

Zip Code

49503-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240527

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy McKeague

Mailing Address 627 N Harrison

City

East Lansing

State

MI

Zip Code

48823-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240529

Amount of Each Receipt this Period

584.40

C.

Full Name (Last, First, Middle Initial)

Mr. A. Gary Muller

Mailing Address 1246 Lakeshore Park Place

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marquette General Health
System

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240532

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1334.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick Murtha

Mailing Address P O Box 659

City

Tawas City

State

MI

Zip Code

48764-0659

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240534

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Rodney M Nelson

Mailing Address 330 Gros Cap Road

City

Saint Ignace

State

MI

Zip Code

49781-9837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mackinac Straits Hospital
and Health C

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240535

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Noren

Mailing Address 169 W Main Street

City

Marquette

State

MI

Zip Code

49855-9331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marquette General Health
System

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240537

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark S O'Halla

Mailing Address 1000 Harrington Boulevard

City

Mount Clemens

State

MI

Zip Code

48043-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Clemens Regional Me-
dical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240538

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Randall D Oostra, , FACHE

Mailing Address 21 Tremore Way

City

Holland

State

OH

Zip Code

44870-6081

FEC ID number of contributing
federal political committee.

C

Name of Employer
ProMedica Health System

Occupation

President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240592

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Francine M. Padgett

Mailing Address 21 Hunter's Ridge

City

Saginaw

State

MI

Zip Code

48609-9318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Health

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240593

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Pawlak

Mailing Address 15277 Meadowwood

City

Grand Haven

State

MI

Zip Code

49417-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240596

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Wallace Strickland

Mailing Address 1314 19th Avenue

City

Meridian

State

MS

Zip Code

39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Health Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240599

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gerald D Wages

Mailing Address 830 S. Gloster Street

City

Tupelo

State

MS

Zip Code

38801-4996

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Health
Services, Inc

Occupation

Interim President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240600

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Claude W. Harbarger

Mailing Address 969 Lakeland Drive

City

Jackson

State

MS

Zip Code

39216-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Dominic-Jackson Memor-
ial Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240601

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Peters

Mailing Address 3051 Crofton Dr.

City

Dewitt

State

MI

Zip Code

48820-7770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Senior Corporate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240608

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr. William Peterson

Mailing Address 2665 Daleview Drive

City

Ann Arbor

State

MI

Zip Code

48105-9603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Health Care Corpo-
ration

Occupation
VP, Employee & Labor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240609

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Steve Pirog

Mailing Address 2030 Hunters Run NE

City

Ada

State

MI

Zip Code

49301-9559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Health Care

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240610

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Andrea R. Price, , FACHE

Mailing Address 2024 Timberview Dr.

City

Okemos

State

MI

Zip Code

48864-5998

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240611

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City

Jackson

State

MS

Zip Code

39211-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240614

Amount of Each Receipt this Period

2.50

SUBTOTAL of Receipts This Page (optional)

627.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. G. Douglas Higginbotham

Mailing Address P O Box 607

City

Laurel

State

MS

Zip Code

39441-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Central Regional Me-
dical Center

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240622

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kathy Peoples

Mailing Address 5333 Elderberry Road

City

Noblesville

State

IN

Zip Code

46062-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Hospital

Occupation

V.P. Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240642

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Brian T Shockney

Mailing Address 2745 N Indian Creek Road

City

Logansport

State

IN

Zip Code

46947-8648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240643

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Vincent C. Caponi

Mailing Address 8166 Darnley Court

City

Indianapolis

State

IN

Zip Code

46260-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health

Occupation

Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240644

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dennis W Dawes, , FACHE

Mailing Address 1000 E. Main St.

City

Danville

State

IN

Zip Code

46122-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hendricks Regional Health

Occupation

Hospital President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240645

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Spencer L. Grover

Mailing Address 3636 Emily Way

City

Carmel

State

IN

Zip Code

46033-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital Associat-
ion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240646

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David H. Wiesman

Mailing Address 4521 Hickory Grove Blvd.

City

Greenwood

State

IN

Zip Code

46143-7448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital Associat-
ion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240647

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Tabor

Mailing Address 10762 Forest Lake Court

City

Indianapolis

State

IN

Zip Code

46278-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital Associat-
ion

Occupation

Vice President of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240648

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ian G. Worden

Mailing Address 10749 King's Mill Dr.

City

Carmel

State

IN

Zip Code

46032-9467

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17240649

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Diane M. Radloff

Mailing Address 3211 Governors Lane

City

Commerce Township

State

MI

Zip Code

48390-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240651

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Donna J. Rapp

Mailing Address 2330 N Deer Valley

City

Midland

State

MI

Zip Code

48642-8800

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240653

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Larry Rawsthorne, M.D.

Mailing Address 2100 White Owl Way

City

Okemos

State

MI

Zip Code

48864-5205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240654

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard M Reynolds

Mailing Address 3467 N. Sunset Way

City

Sanford

State

MI

Zip Code

48657-9583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Health

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240656

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian L. Rodgers

Mailing Address 3979 N. Perrine Road

City

Midland

State

MI

Zip Code

48642-8336

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Health

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240658

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gregory H. Rogers

Mailing Address 405 Hunters Ridge

City

Midland

State

MI

Zip Code

48640-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Health

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240659

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Rossmann

Mailing Address 15855 19 Mile Road

City

Clinton Township

State

MI

Zip Code

48038-3504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240660

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph J. Ruth

Mailing Address 6480 Kernwood

City

East Lansing

State

MI

Zip Code

48823-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Senior VP and Chief Strategy Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240661

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Ms. Nancy M Schlichting

Mailing Address One Ford Place

City

Detroit

State

MI

Zip Code

48202-3450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240663

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth S. Schnettler

Mailing Address 9120 Port Austin Road

City

Bay Port

State

MI

Zip Code

48720-9770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Council of East
Central MichiOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240664

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter J. Schonfeld

Mailing Address 7105 Cutler Road

City

Bath

State

MI

Zip Code

48808-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
AssociationOccupation
Sr. Vice President, Policy & Data Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240667

Amount of Each Receipt this Period

583.38

C.

Full Name (Last, First, Middle Initial)

Mr. Michael R. Schwartz

Mailing Address 582 Henrietta Street

City

Birmingham

State

MI

Zip Code

48009-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
AssociationOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240668

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1083.38

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James J Sexton

Mailing Address 2333 Biddle Avenue

City

Wyandotte

State

MI

Zip Code

48192-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240670

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Camille Shy

Mailing Address 13200 Cambridge Court

City

Plymouth

State

MI

Zip Code

48170-3099

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Mercy Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240676

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dale Sowders

Mailing Address 1093 Jill Louise Court

City

Holland

State

MI

Zip Code

49424-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240679

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Paul A Spaude, , FACHE

Mailing Address 6354 East Bay Lane

City

Richland

State

MI

Zip Code

49083-8707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Borgess Health Alliance

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240680

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. Randall Stasik

Mailing Address 6538 S Evergreen Drive

City

Newaygo

State

MI

Zip Code

49337-8196

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gerber Memorial Health Services

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240684

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Terry L Steele

Mailing Address 391 Troon Court

City

Holland

State

MI

Zip Code

49423-8830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Hospital

Occupation

Vice President Finance and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240685

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ray Stover

Mailing Address 515 Quarter Street

City

Gladwin

State

MI

Zip Code

48624-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Medical Center-
Gladwin

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240686

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Mr. Douglas Strong

Mailing Address 1500 East Medical Center Drive

City

Ann Arbor

State

MI

Zip Code

48109-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Michigan Ho-
spitals and H

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240687

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dennis A Swan

Mailing Address 3741 Chippendale

City

Okemos

State

MI

Zip Code

48864-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240688

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph R Swedish

Mailing Address 50767 Drakes Bay Drive

City

Novi

State

MI

Zip Code

48374-2546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240690

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph M Tasse, , FACHE

Mailing Address 27351 Dequindre

City

Madison Heights

State

MI

Zip Code

48071-3487

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Macomb-Oakland
Hospital, Oakl

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240691

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark R Taylor

Mailing Address 16 Dodge Place

City

Grosse Pointe

State

MI

Zip Code

48230-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesys Health System

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240692

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin B. Tompkins

Mailing Address 8110 Cotswold Lane

City

Clarkston

State

MI

Zip Code

48348-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Health Care Corpo-
ration

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240693

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stanley Tooley

Mailing Address One Denso Road

City

Battle Creek

State

MI

Zip Code

49037-7313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Regional Rehabi-
litation Cent

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240694

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Patti Van Dort

Mailing Address 2629 Floral Drive

City

Zeeland

State

MI

Zip Code

49464-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Hospital

Occupation

VP Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240697

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Alan Vanarsdal

Mailing Address 6160 Fox Glen Drive

City

Saginaw

State

MI

Zip Code

48638-4337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240698

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brook Ward

Mailing Address 26403 CR 375

City

Mattawan

State

MI

Zip Code

49071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240700

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick R Wardell

Mailing Address One Hurley Plaza

City

Flint

State

MI

Zip Code

48503-5902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hurley Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: 17240701

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph A Wasserman

Mailing Address 1009 St. Joseph Drive

City

Saint Joseph

State

MI

Zip Code

49085-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeland Regional Health
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240702

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Sam R. Watson

Mailing Address 1240 E. Mill Street

City

Hastings

State

MI

Zip Code

49058-9185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

Associate Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240703

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr Douglas D Welday

Mailing Address 32468 Sandstone Ct.

City

Farmington Hills

State

MI

Zip Code

48334-4321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240704

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Tim Wenzel

Mailing Address 555 Northview Drive

City

Frankenmuth

State

MI

Zip Code

48734-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240705

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Scott Wilkerson

Mailing Address 4094 Breakwater Dr.

City

Okemos

State

MI

Zip Code

48864-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Health System

Occupation

President, Physicians Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240706

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Samuel Yamin

Mailing Address 5532 Lakeview Dr.

City

Bloomfield

State

MI

Zip Code

48302-2728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospital - Royal
Oak

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240708

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Zatina

Mailing Address 605 Chicago Boulevard

City

Detroit

State

MI

Zip Code

48202-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

SVP, Gov't Rel, Corp Planning & Commun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240709

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Eric P Norwood

Mailing Address 2701 North Decatur Road

City

Decatur

State

GA

Zip Code

30033-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeKalb Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240857

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gene B Wright

Mailing Address P O Box 1059

City

Thomaston

State

GA

Zip Code

30286-0027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Upson Regional Medical Ce-
nter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 17240873

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 50 / 162

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James E. May

Mailing Address 731 Elm Ave.

City

Terrace Park

State

OH

Zip Code

45174-1203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital Anderson

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17241379

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas E Cecconi

Mailing Address 1320 Mercy Drive NW

City

Canton

State

OH

Zip Code

44708-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation

President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17241386

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mandy C Goble

Mailing Address 205 Palmer Avenue

City

Bellefontaine

State

OH

Zip Code

43311-2298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17241943

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Francisco J Perez, , FACHE

Mailing Address 3965 Southern Boulevard

City

Dayton

State

OH

Zip Code

45429-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Health Network

Occupation

Network Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17242078

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Troy A. Tyner, DO

Mailing Address 1181 Grand Portage Trail

City

Beavercreek

State

OH

Zip Code

45385

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grandview Medical Center

Occupation

Interim V.P. Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 17242169

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. Michael Horsley

Mailing Address 8107 Henslow Court

City

Montgomery

State

AL

Zip Code

36117-7475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Hospital Associat-
ion

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17246154

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17246246

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bruce Schwartz

Mailing Address 39 Sheldon Street

City

Ardsley

State

NY

Zip Code

10502-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore Medical Center

Occupation

Executive Vice Chair Psychiatry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17248478

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jack Ludmir

Mailing Address 800 Spruce Street

City

Philadelphia

State

PA

Zip Code

19107-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Hospital

Occupation

Chair, Obstetrics & Gynecology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17248523

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

855.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Patricia A. Warner, MPH

Mailing Address 1500 East Medical Ctr. Drive
D5202 MPB, Box 0718

City State Zip Code
Ann Arbor MI 48109-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Michigan Ho-
spitals and H

Occupation
Assoc. Director and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17248537

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael K Winthrop

Mailing Address P O Box 8004

City State Zip Code
Bellevue OH 44811-8004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellevue Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17248553

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Janet Stanek

Mailing Address 6755 SW Dancaaster Road

City State Zip Code
Topeka KS 66610-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stormont-Vail HealthCare

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17248558

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Paul

Mailing Address 502 East Second Street

City

Duluth

State

MN

Zip Code

55805-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMDC Medical Center

Occupation

Director of Behavioral Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	9

Transaction ID: 17248587

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Fred Gattas, Jr.

Mailing Address 5000 Summer Ave.

City

Memphis

State

TN

Zip Code

38122-4335

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Jude Children's Research Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	9

Transaction ID: 17248589

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. David R Lincoln

Mailing Address 420 Bedford Street

City

Lexington

State

MA

Zip Code

02420-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Health Systems, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	9

Transaction ID: 17248591

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. J Alex Valdez, , JD

Mailing Address P O Box 2107

City

Santa Fe

State

NM

Zip Code

87504-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Regional Medi-
cal Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17248618

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Janet Carbary

Mailing Address 2430 West Pierce Street

City

Carlsbad

State

NM

Zip Code

88220-3553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carlsbad Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17248623

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert A Garcia

Mailing Address P O Box 26666

City

Albuquerque

State

NM

Zip Code

87125-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Healthcare
Services

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17248628

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David C. Gessel, J.D.

Mailing Address 2180 S. 1300 East
#440

City State Zip Code
SLC UT 84106-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHA, Utah Hospitals & Health Systems A

Occupation
Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 17252614

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian A Gragnoli, FACHE

Mailing Address 4716 Chevy Chase Boulevard

City State Zip Code
Chevy Chase MD 20814-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suburban Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 17255162

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

Ms. Christine R Wray

Mailing Address 22302 Bretmar Drive

City State Zip Code
Leonardtwn MD 20650-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 17255184

Amount of Each Receipt this Period

510.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William L Anderson

Mailing Address 11175 Cicero Drive, Suite 300

City

Alpharetta

State

GA

Zip Code

30022-1166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regency Hospital Company

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256406

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia M. Currie, FACHE

Mailing Address 2401 S 31st St

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott and White Memorial
Hospital

Occupation

Chief of Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256407

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Andrew L Wilson

Mailing Address 1308 Bayview Ct.

City

Bismarck

State

ND

Zip Code

58504-7086

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Alexius Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256408

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mitch Leupp

Mailing Address P O Box 399

City

Stanley

State

ND

Zip Code

58784-0399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountrail County Medical
Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256409

Amount of Each Receipt this Period

435.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kris A Doody, , R.N.

Mailing Address 163 Van Buren Road, Suite 1

City

Caribou

State

ME

Zip Code

04736-3567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cary Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256415

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael E Henze

Mailing Address 54 Hospital Drive

City

Osage Beach

State

MO

Zip Code

65065-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Regional Health Syst-
em

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256426

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael R. Dunaway

Mailing Address 15081 Linden Lane

City

Leawood

State

KS

Zip Code

66224-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Senior VP, Field Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256432

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul A Hanson

Mailing Address P O Box 1210

City

Watertown

State

SD

Zip Code

57201-6210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prairie Lakes Healthcare
System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256469

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John T Porter

Mailing Address 3900 West Avera Drive
Suite 301

City

Sioux Falls

State

SD

Zip Code

57108-5729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256470

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Pamela J Rezac

Mailing Address 501 Summit Avenue

City

Yankton

State

SD

Zip Code

57078-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Sacred Heart Hospital

Occupation

Regional President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256483

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David R. Hewett

Mailing Address 5813 Tomar Road

City

Sioux Falls

State

SD

Zip Code

57108-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Dakota Assoc. of Healthcare Orgs

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256498

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kathleen Dunn

Mailing Address 700 South Second Street

City

Springfield

State

IL

Zip Code

62704-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Association

Occupation

Assistant VP, Gov't Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256503

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin R. England

Mailing Address 1800 Grist Mill Drive

City

Springfield

State

IL

Zip Code

62711-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation

Vice President, Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256504

Amount of Each Receipt this Period

800.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anil Godbole, MD., S.C.

Mailing Address 1893 Mission Hills Lane

City

Northbrook

State

IL

Zip Code

60062-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Bethany Hospital

Occupation

Chairman, Dept. of Psychiatry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256521

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Forrest G Hester

Mailing Address Post Office Box 569

City

Lincoln

State

IL

Zip Code

62656-0569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abraham Lincoln Memorial
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256522

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. John Jurica, M.D.

Mailing Address 350 North Wall Street

City

Kankakee

State

IL

Zip Code

60901-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Center

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256524

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Phillip M Kambic

Mailing Address 350 North Wall Street

City

Kankakee

State

IL

Zip Code

60901-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256525

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael T McManus

Mailing Address 129 North Eighth Street

City

East Saint Louis

State

IL

Zip Code

62201-2917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kenneth Hall Regional Hos-
pital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256538

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Doug Rahn

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256541

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Pat Shehorn

Mailing Address 1225 W. Lake Street

City

Melrose Park

State

IL

Zip Code

60160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westlake Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256544

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr Paul M Teodo

Mailing Address 852 West Street

City

Naperville

State

IL

Zip Code

60540-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linden Oaks Hospital at
Edward

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256545

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Harry Wolin

Mailing Address P O Box 530

City

Havana

State

IL

Zip Code

62644-0530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mason District Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256546

Amount of Each Receipt this Period

800.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dan J Woods

Mailing Address 503 N. Maple

City

Effingham

State

IL

Zip Code

62401

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony's Memorial Ho-
spital

Occupation

Executive Vice President and Administ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256547

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward M Goldberg

Mailing Address 1555 Barrington Road

City

Hoffman Estates

State

IL

Zip Code

60194-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Alexius Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17256559

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Thomasine Kennedy

Mailing Address 2714 N.D. 41 & 50

City

Chinquapin

State

NC

Zip Code

28521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duplin General Hospital

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17257990

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Butler, III

Mailing Address 1476 Stonegate Lane

City

East Lansing

State

MI

Zip Code

48823-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17257993

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Krella, FACHE

Mailing Address 15174 Amber Crest Lane

City

Draper

State

UT

Zip Code

84020-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHA, Utah Hospitals & Health Systems A

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17257994

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Virginia Blair

Mailing Address 4109 Plymbridge Lane

City

Woodbridge

State

VA

Zip Code

22192-5133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prince William Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17258005

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harry F. Byrd, III

Mailing Address P.O. Box 3340

City

Winchester

State

VA

Zip Code

22604-2540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17258008

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Rosemary C Check

Mailing Address 4770 Kempsville Greens Parkway

City

Virginia Beach

State

VA

Zip Code

23462-6412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Obici Hospital

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17258013

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen Cumbie

Mailing Address 837 Mackall Drive

City

McLean

State

VA

Zip Code

22101-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Manager & Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Transaction ID: 17258015

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ramon Darcey

Mailing Address 535 Independence Parkway
Suite 200

City

Chesapeake

State

VA

Zip Code

23320-5176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Transaction ID: 17258016

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. John Degruittola

Mailing Address 6015 Poplar Hall Drive

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

SVP, Sales and Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Transaction ID: 17258017

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David Goldberg

Mailing Address 5909 Wandering Run court

City

Haymarket

State

VA

Zip Code

20169-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Loudoun Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17258019

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Gradle

Mailing Address 400 Great Falls St

City

Falls Church

State

VA

Zip Code

22046-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours-Richmond Comm-
unity Hospital

Occupation

VP Corporate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17258020

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dougal Hewitt

Mailing Address 8260 Atlee Road

City

Mechanicsville

State

VA

Zip Code

23116-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Medical
Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17258021

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher O'Brien

Mailing Address 1701 North George Mason Drive

City

Arlington

State

VA

Zip Code

22205-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center -
Arlington

Occupation

Vice President, Physician Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17258056

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Pearson

Mailing Address 1500 North 28th Street

City

Richmond

State

VA

Zip Code

23223-5332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours-Richmond Comm-
unity Hospital

Occupation

VP Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17258057

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. J Knox Singleton

Mailing Address 8110 Gatehouse Road

City

Falls Church

State

VA

Zip Code

22042-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17258058

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Taylor

Mailing Address 533 Kings Grant Road

City

Virginia Beach

State

VA

Zip Code

23452-7051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17258074

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher Howard

Mailing Address PO Box 205

City

Oklahoma City

State

OK

Zip Code

73101-0205

FEC ID number of contributing
federal political committee.

C

Name of Employer
SSM Health Care of Oklaho-
ma

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: 17259838

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Karen Reynolds

Mailing Address P O Box 1207

City

Miami

State

OK

Zip Code

74355-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrus Marshall County
Medical Cente

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 17259839

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 71 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital
Association

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17263966

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert L. L Harman

Mailing Address HC 84, Box 26

City

Lahmansville

State

WV

Zip Code

26731-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grant Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17265329

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. David J Robertson

Mailing Address 2052 Iron Bridge Circle

City

Morgantown

State

WV

Zip Code

26508-8064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monongalia General Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17265331

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James I Miller

Mailing Address 77 Pringle Way

City

Reno

State

NV

Zip Code

89502-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renown Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17265524

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brad Smith

Mailing Address 1986 N. Ft. Wayne Road

City

Rushville

State

IN

Zip Code

46173-7559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267469

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter L Slavin, M.D.

Mailing Address 55 Fruit Street

City

Boston

State

MA

Zip Code

02114-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts General Hos-
pital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267474

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Cynthia Kreutz

Mailing Address 900 Potomac Street

City

Aurora

State

CO

Zip Code

80011-6716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spalding Rehabilitation
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267481

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Carl Josehart

Mailing Address 1333 Moursund Street

City

Houston

State

TX

Zip Code

77030-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hermann-The Inst-
itute for Reh

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267584

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Reid, M.D.

Mailing Address P O Box 689

City

Santa Barbara

State

CA

Zip Code

93102-0689

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cottage Health System

Occupation

Director Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267595

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Kitchell

Mailing Address 4114 Edgewater Drive

City

Ames

State

IA

Zip Code

50010-4192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Greeley Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267601

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kimberly McNally

Mailing Address 3300 Meridian Avenue N.

City

Seattle

State

WA

Zip Code

98103-9150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harborview Medical Center

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267660

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Cooper

Mailing Address 183rd Street and Third Avenue

City

Bronx

State

NY

Zip Code

10457-9998

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Barnabas Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267678

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Lynn B. Nicholas, FACHE

Mailing Address Five New England Executive Park

City

Burlington

State

MA

Zip Code

01803-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital As-
sociation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267681

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Jeanette G Clough

Mailing Address 330 Mount Auburn Street

City

Cambridge

State

MA

Zip Code

02138-5502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Auburn Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267685

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Adrian Stanton

Mailing Address 5013 Fleming Drive

City

Annandale

State

VA

Zip Code

22003-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267980

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Darlene Vrotsos

Mailing Address 2653 Park Tower Drive

City

Vienna

State

VA

Zip Code

22180-7386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center -
Arlington

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267982

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary R Yates

Mailing Address 1065 Downshire Chase

City

Virginia Beach

State

VA

Zip Code

23452-6155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 17267984

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jon Brovold

Mailing Address 203 Fourth Street Northwest

City

Bagley

State

MN

Zip Code

56621-8305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearwater Health Services

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 17270146

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James F Hanko

Mailing Address 1300 Anne St. NW

City

Bemidji

State

MN

Zip Code

56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 17270149

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Mr Ken Paulus

Mailing Address P O Box 43

City

Minneapolis

State

MN

Zip Code

55440-0043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allina Hospitals & Clinics

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 17270161

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary Ellen Wells

Mailing Address 1095 Highway 15 South

City

Hutchinson

State

MN

Zip Code

55350-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hutchinson Area Health Ca-
re

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 17270164

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David R Doerr

Mailing Address 11200 S. State Rd. 63

City

Terre Haute

State

IN

Zip Code

47802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hospital

Occupation

Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 17270168

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert C Keen, , Ph.D., F

Mailing Address 4539 E. 500 N.

City

Greenfield

State

IN

Zip Code

46140-9572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hancock Regional Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 17270169

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas J Leonard

Mailing Address 2574 California Street

City

Columbus

State

IN

Zip Code

47201-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital Associat-
ion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 17270170

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert L Sloan

Mailing Address 5255 Loughboro Road NW

City

Washington

State

DC

Zip Code

20016-2695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sibley Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270407

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert B Aikens

Mailing Address PO Box 1336

City

Boca Grande

State

FL

Zip Code

33921-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospital - Royal
Oak

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270408

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Laura D. Appel

Mailing Address 110 West Michigan Avenue
Suite 1200

City

Lansing

State

MI

Zip Code

48933-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

Vice President, Federal Policy & Advoc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270409

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Bres

Mailing Address 2288 Barnsbury Road

City

East Lansing

State

MI

Zip Code

48823-7780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Health System

Occupation
CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270412

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert F Casalou

Mailing Address 26462 Glenwood Dr.

City

Novi

State

MI

Zip Code

48374-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Mercy Hospital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270413

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin Cawley

Mailing Address 11803 Silverspring Dr.

City

Dewitt

State

MI

Zip Code

48820-7731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sheridan Community Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270414

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional)

1715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. K. Douglas Deck

Mailing Address 10275 S. Apple Ridge Dr.

City

Traverse City

State

MI

Zip Code

49684-6839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Munson Healthcare

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270416

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bob Doud

Mailing Address 1914 Skyler Drive

City

Kalamazoo

State

MI

Zip Code

49008-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270417

Amount of Each Receipt this Period

212.50

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Duggan

Mailing Address 3990 John R Street

City

Detroit

State

MI

Zip Code

48201-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Detroit Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270418

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1212.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gene Eavy

Mailing Address 709 N. Fourth Street

City

Ann Arbor

State

MI

Zip Code

48104-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Mercy Hospital

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270420

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James B. Falahee, Jr.

Mailing Address 7463 Cottage Oak Drive

City

Portage

State

MI

Zip Code

49024-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation
Senior VP, Legal/Legislative Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270422

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Ms. Alice Gerard

Mailing Address 3231 Bangor Rd.

City

Bay City

State

MI

Zip Code

48706-1852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Regional Medical Cent-
er

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270473

Amount of Each Receipt this Period

850.00

SUBTOTAL of Receipts This Page (optional)

1675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Peter Graham

Mailing Address 2233 Quarry Road

City

East Lansing

State

MI

Zip Code

48823-7234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Health System

Occupation

Vice President, Sparrow Medical Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270475

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kathleen S Griffiths

Mailing Address 775 South Main Street

City

Chelsea

State

MI

Zip Code

48118-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270479

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Kathleen Harrelson

Mailing Address 6181 Karabrook Court

City

Kalamazoo

State

MI

Zip Code

49009-8961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270480

Amount of Each Receipt this Period

237.50

SUBTOTAL of Receipts This Page (optional)

737.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John T. Hayden

Mailing Address PO Box 19368

City

Kalamazoo

State

MI

Zip Code

49019-0368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270588

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Hoban

Mailing Address 911 Balfour

City

Grosse Pointe Park

State

MI

Zip Code

48230-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Health

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270590

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Neil Johnson

Mailing Address 6892 Penny Lane

City

Kalamazoo

State

MI

Zip Code

49009-7505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270591

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

785.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John L. Jones, Jr.

Mailing Address 1814 Hazel Avenue

City

Kalamazoo

State

MI

Zip Code

49008-2844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270592

Amount of Each Receipt this Period

237.50

B.

Full Name (Last, First, Middle Initial)

Mr John Keuten

Mailing Address 570 Brittany Court

City

Rochester Hills

State

MI

Zip Code

48309-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270594

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cheryl Knapp

Mailing Address 7183 Cross Country Drive

City

Kalamazoo

State

MI

Zip Code

49009-7588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270595

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

697.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Scott D. Larson, MD

Mailing Address 1531 Academy Street

City

Kalamazoo

State

MI

Zip Code

49006-4400

FEC ID number of contributing
federal political committee.**C**Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	9

Transaction ID: 17270598

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patricia A Maryland, , Dr.PH

Mailing Address 28000 Dequindre

City

Warren

State

MI

Zip Code

48092-2468

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. John Health

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	9

Transaction ID: 17270601

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. William J Mayer, MD

Mailing Address 3521 Whistling Ln.

City

Portage

State

MI

Zip Code

49024-5513

FEC ID number of contributing
federal political committee.**C**Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	9

Transaction ID: 17270602

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

1035.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary M. Meitz

Mailing Address 11425 Long Point Dr.

City

Plainwell

State

MI

Zip Code

49080-9265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270603

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Ostrander

Mailing Address 5433 Zimmer Road

City

Williamston

State

MI

Zip Code

48895-9181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Human Resource Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270606

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steve Paulus

Mailing Address 17020 Carriage Way

City

Northville

State

MI

Zip Code

48168-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Mercy Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270607

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Michelle Serbenski Pelletier

Mailing Address 51255 38th Street

City

Paw Paw

State

MI

Zip Code

49079-8315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270608

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Ms Annette Phillips

Mailing Address 24011 Timber Creek Lane

City

Brownstown

State

MI

Zip Code

48134-8013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Memorial Hospital
System

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270609

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sue Reinoehl

Mailing Address 8804 Weeping Pine Ln

City

Kalamazoo

State

MI

Zip Code

49009-6733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270610

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Riney

Mailing Address 45989 Tournament Drive

City

Northville

State

MI

Zip Code

48167-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270611

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Donna M. Roach, FHIMSS

Mailing Address 10601 Stoneyfield Ct.

City

Pinckney

State

MI

Zip Code

48169-9584

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegiance Health

Occupation

Director, Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270612

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary Rounding

Mailing Address 22350 Banyan Hideaway Dr.

City

Bonita Springs

State

FL

Zip Code

34135-8151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270614

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Matthew Rush

Mailing Address 321 East Harris Street

City

Charlotte

State

MI

Zip Code

48813-1697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hayes Green Beach Memorial
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270615

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank J Sardone

Mailing Address One Healthcare Plaza

City

Kalamazoo

State

MI

Zip Code

49007-5339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270616

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Seaman

Mailing Address 805 Ledge Moor Blvd.

City

Grand Ledge

State

MI

Zip Code

48837-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270617

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Joy Strand

Mailing Address 54922 Sunset Drive

City

Dowagiac

State

MI

Zip Code

49047-9461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Borgess Health Alliance

Occupation

Adminstrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270618

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Kenneth L Taft

Mailing Address 2964 East T Ave.

City

Portage

State

MI

Zip Code

49002-7533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Executive Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270620

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Terence A. Thomas

Mailing Address 18214 Parkside

City

Detroit

State

MI

Zip Code

48221-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Health

Occupation

Senior Vice President, External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270622

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)

905.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mike Way

Mailing Address 7049 Turkey Glen Trail

City

Kalamazoo

State

MI

Zip Code

49009-7031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270623

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary Lou Wesley

Mailing Address 5301 East Huron River Drive

City

Ypsilanti

State

MI

Zip Code

48197-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Mercy Hospital

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270624

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lawrence H. Wilhite

Mailing Address 3006 Pinto Circle

City

Lansing

State

MI

Zip Code

48906-9082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Vice President, Legal and Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270625

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Matthew G VanVranken

Mailing Address 5669 Watermark Ct. SE

City

Grand Rapids

State

MI

Zip Code

49546-6487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Health

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 17270627

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City

Holts Summit

State

MO

Zip Code

65043-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation
Sr. Vice President, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: 17271864

Amount of Each Receipt this Period

87.50

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Landon

Mailing Address 611 Belridge Drive
P.O. Box 60

City

Jefferson City

State

MO

Zip Code

65109-0755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation
Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: 17271867

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City

Jefferson City

State

MO

Zip Code

65101-8275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	9	

Transaction ID: 17272150

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Vincent J McCorkle, , CHE

Mailing Address 8 Wagon Dr.

City

Wilbraham

State

MA

Zip Code

01095-1678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Providence Hea-
lth System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	9	

Transaction ID: 17273573

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. William G Robertson

Mailing Address 2000 Sondra Court

City

Silver Spring

State

MD

Zip Code

20905-3950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist HealthCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	9	

Transaction ID: 17273675

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Larry D. Hancock

Mailing Address 10183 South Loridan Lane

City

Sandy

State

UT

Zip Code

84092-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Healthcare,
Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 17273794

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms Erica Silver Dahl

Mailing Address 36 South State Street, 22nd Fl

City

Salt Lake City

State

UT

Zip Code

84111-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Healthcare,
Inc.

Occupation

Director of Community Realations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 17273795

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Brian M Kent

Mailing Address 36 South State Street, 22nd Fl

City

Salt Lake City

State

UT

Zip Code

84111-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Healthcare,
Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 17273797

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Scott Bowman

Mailing Address 304 Wright Street

City

Sweetwater

State

TN

Zip Code

37874-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sweetwater Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 17273798

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert S. Gordon

Mailing Address 7891 Cross Pike Drive

City

Germantown

State

TN

Zip Code

38138-8117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Health
Care Corporati

Occupation

Executive Vice President & CAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 17273799

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Scott Millikan, MD

Mailing Address 2800 10th Avenue North

City

Billings

State

MT

Zip Code

59101-0703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Billings Clinic

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 17273864

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Andrew S. Davidson

Mailing Address 2123 Ridgebrook Drive

City

West Linn

State

OR

Zip Code

97068-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 17277126

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Linda Lang

Mailing Address 4000 Kruse Way Place #2-100

City

Lake Oswego

State

OR

Zip Code

97035-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation

Director of Rural Health Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 17277128

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Gwen Dayton

Mailing Address 12781 SW Terraview Drive

City

Tigard

State

OR

Zip Code

97224-0703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 17277129

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Andy Van Pelt

Mailing Address 4000 Kruse Way Place
Building 2, Suite 100

City State Zip Code
Lake Oswego OR 97035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation
Director of Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 17277130

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Ms. Peggy Allen

Mailing Address 18839 Roundtree

City State Zip Code
Oregon City OR 97045-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation
Director of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 17277132

Amount of Each Receipt this Period

295.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steve Gordon, MD

Mailing Address 2155 Eaton Drive

City State Zip Code
Eugene OR 97403-1732

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation
VP/Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 17277133

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Roy G Vinyard, , FACHE

Mailing Address 2650 Siskiyou Blvd, Suite 200

City

Medford

State

OR

Zip Code

97504-8170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Asante Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 17277134

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Melvin R Creeley

Mailing Address 425 West Fifth Street

City

East Liverpool

State

OH

Zip Code

43920-2498

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Liverpool City Hospi-
tal

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: 17284059

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Matthew J Perry

Mailing Address 2951 Maple Avenue

City

Zanesville

State

OH

Zip Code

43701-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: 17284078

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel L Wakeman

Mailing Address 5901 Monclova Road

City

Maumee

State

OH

Zip Code

43537-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: 17284151

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Matthew Lambert, M.D.

Mailing Address 9801 Renner Boulevard, Ste. 10

City

Lenexa

State

KS

Zip Code

66219-9718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity of Leavenworth Heal

Occupation

Board Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 17285304

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. George G Couch

Mailing Address 36 Floral Drive

City

Wheeling

State

WV

Zip Code

26003-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wetzel County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 17285307

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael A King

Mailing Address 1503 Greenmont Hills Drive

City

Vienna

State

WV

Zip Code

26105-3282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Camden-Clark Memorial Hos-
pital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	9	

Transaction ID: 17285309

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Albert Pilkington, III

Mailing Address 93 Aquifir Lane

City

Falling Waters

State

WV

Zip Code

25419

FEC ID number of contributing
federal political committee.

C

Name of Employer
WVU Hospitals - East

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	9	

Transaction ID: 17285314

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms Karen O Moore, , R.N., MS

Mailing Address 40 Main St
Apt A

City

Shelburne Falls

State

MA

Zip Code

01370-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Hospital, Spring-
field, MA

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	9	

Transaction ID: 17289212

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick Charmel

Mailing Address 130 Division Street

City

Derby

State

CT

Zip Code

06418-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Griffin Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 17289216

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roger J Reamer

Mailing Address 300 N. Columbia

City

Seward

State

NE

Zip Code

68434-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health Care Sys-
tems

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 17289258

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rod Betit

Mailing Address 426 Main Street

City

Juneau

State

AK

Zip Code

99801-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska State Hospital &
Nursing Home A

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 17289260

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 17289403

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Ms. Deborah K Zastocki, , FACHE

Mailing Address 42 Long Ridge Road

City

Randolph

State

NJ

Zip Code

07869-4571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chilton Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 17289427

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Shawn Smothers

Mailing Address 317 First Avenue, NW
P. O. Box 697

City

Kenmare

State

ND

Zip Code

58746-7104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 17291926

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Nordwick

Mailing Address P O Box 1450

City

Douglas

State

WY

Zip Code

82633-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital of Con-
verse County

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 17291930

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Perdue

Mailing Address 2005 Warren Avenue
Post Office Box 249

City

Cheyenne

State

WY

Zip Code

82001-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wyoming Hospital Associa-
tion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 17291931

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Debra K Boardman

Mailing Address 323 South Minnesota Street

City

Crookston

State

MN

Zip Code

56716-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverview Healthcare Asso-
ciation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 17292209

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Larry A. Schulz

Mailing Address 7650 Edwinborough Way
Suite 200

City State Zip Code
Minneapolis MN 55435-5978

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Health Initiatives

Occupation
Sr. Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 17292211

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Maureen Tarrant

Mailing Address 10101 Ridge Gate Parkway

City State Zip Code
Lone Tree CO 80124-5522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sky Ridge Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 17292219

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bruce Schroffel

Mailing Address 12605 East 16th Avenue

City State Zip Code
Aurora CO 80045-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Colorado Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 17292226

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert S. Austin

Mailing Address 555 Prospect Avenue

City

Estes Park

State

CO

Zip Code

80517-6347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Estes Park Medical CenterOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: 17292230

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City

Alexandria

State

VA

Zip Code

22301-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR1034595122603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR1045726222603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

468.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen Mayfield

Mailing Address One North Franklin Street
Suite 32139

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1302378922603

Amount of Each Receipt this Period

86.96

P/R Deduction (\$43.48 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Frances Margolin

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Operations HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1347702722603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1347703422603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

166.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1347703622603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Catherine D. Sewell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Director, ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1347708422603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1384065322603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1492459922603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR327629122603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR327745922603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR32777822603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR327801722603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Chief Executive Officer, AONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR327812022603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

158.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR327831722603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR327851922603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR327858022603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

158.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City

Millis

State

MA

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR327877822603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City

Chicago

State

IL

Zip Code

60602-4750

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR327895722603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR328132822603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR328136922603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR328223822603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR328224922603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

234.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City
Eagle

State
ID

Zip Code
83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR328241422603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City
Arlington

State
VA

Zip Code
22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR328260922603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City
Arnold

State
MD

Zip Code
21012-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President Strategic Commun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR328310422603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR328341822603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR328511822603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City State Zip Code
Arlington VA 22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR328512022603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

196.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation

President & CEO, AHA Solutions, Inc.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR328913322603

Amount of Each Receipt this Period

88.00

P/R Deduction (\$44.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR329013422603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Dr. John R. Combes, MD

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR329071322603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

206.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR329084422603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR329215722603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Senior Director Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR330343322603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

158.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR330411622603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR330475422603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City

Arlington

State

VA

Zip Code

22205-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: PR330534322603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)**SUBTOTAL** of Receipts This Page (optional)

158.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR330547722603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR330549222603

Amount of Each Receipt this Period

94.00

P/R Deduction (\$47.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR330776122603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

174.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR331304222603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Alex R. White, Sr.

Mailing Address PO Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR331416022603

Amount of Each Receipt this Period

116.00

P/R Deduction (\$58.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR331533222603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

234.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR346168122603

Amount of Each Receipt this Period

39.84

P/R Deduction (\$19.92 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR517619722603

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR566280922603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

157.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 162

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR766023722603

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR876637222603

Amount of Each Receipt this Period

42.00

P/R Deduction (\$21.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

82.00

TOTAL This Period (last page this line number only)

127671.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 162

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City

Madison

State

WI

Zip Code

53725-9038

FEC ID number of contributing
federal political committee.

C

C00359455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 17242019

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City

Madison

State

WI

Zip Code

53725-9038

FEC ID number of contributing
federal political committee.

C

C00359455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 17255891

Amount of Each Receipt this Period

1050.00

C.

Full Name (Last, First, Middle Initial)

Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing
federal political committee.

C

C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 17287383

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

12050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 162

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

PAC of Missouri Hospital Association

Mailing Address P.O. Box 60

City

Jefferson City

State

MO

Zip Code

65102

FEC ID number of contributing
federal political committee.**C**

C00289777

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: 17292223

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

12550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 162

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City

Richmond

State

VA

Zip Code

23226

FEC ID number of contributing
federal political committee.

C

C00355461

Name of Employer

Occupation

Receipt For: 2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 17292224

Amount of Each Receipt this Period

1000.00

Refund

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1870.35

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 17346755

Amount of Each Receipt this Period

190.38

Interest

SUBTOTAL of Receipts This Page (optional)

190.38

TOTAL This Period (last page this line number only)

190.38

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Forward Together PAC	Transaction ID: 17271841 Date of Disbursement
Mailing Address 201 N. Union Street Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>2500.00</div>
Candidate Name Forward Together PAC	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	2009 Contribution
B. Full Name (Last, First, Middle Initial) SnowPAC	Transaction ID: 17271842 Date of Disbursement
Mailing Address 175 South West Temple Suite 650	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 0 9</div> </div>
City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>1000.00</div>
Candidate Name SnowPAC	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	2009 Contribution
C. Full Name (Last, First, Middle Initial) Tallatchee Creek PAC	Transaction ID: 17271843 Date of Disbursement
Mailing Address 3343 Allendale Place	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 0 9</div> </div>
City Montgomery State AL Zip Code 36111	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>1000.00</div>
Candidate Name Tallatchee Creek PAC	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	2009 Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Majority Committee PAC Mailing Address PO Box 10134	Transaction ID: 17271844 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 0 9</div> </div>
City Bakersfield State CA Zip Code 93389 Purpose of Disbursement 2009 Contribution Candidate Name Majority Committee PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1000.00</div> 2009 Contribution
B. Full Name (Last, First, Middle Initial) Carper For Senate Mailing Address 19 East Commons Blvd Second Floor City New Castle State DE Zip Code 19720 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Thomas R. Carper Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:	Transaction ID: 17271845 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> 2012 Contribution
C. Full Name (Last, First, Middle Initial) Friends For Harry Reid Mailing Address P.O. Box 19163 City Las Vegas State NV Zip Code 89132 Purpose of Disbursement Contribution Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	Transaction ID: 17271846 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Levin For Congress

Mailing Address PO Box 37

City
Roseville

State
MI

Zip Code
48066

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sander M. Levin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: 17271847

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Levin For Congress

Mailing Address PO Box 37

City
Roseville

State
MI

Zip Code
48066

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sander M. Levin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: 17271848

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 4201 Northview Dr, Ste 307

City
Bowie

State
MD

Zip Code
20716

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steny H. Hoyer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: 17271849

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Welch For Congress

Mailing Address PO Box 1682

City
Burlington

State
VT

Zip Code
05402

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter Welch

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VT District: 01

Transaction ID: 17271850

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Chris Lee For Congress

Mailing Address PO Box 15395

City
Rochester

State
NY

Zip Code
14615

Purpose of Disbursement
Contribution

Candidate Name
Rep. Christopher Lee

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 17271851

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mike McMahon For Congress

Mailing Address 66 Arnold Street

City
Staten Island

State
NY

Zip Code
10301

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael E. McMahon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 17271852

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Wasserman-Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City
Weston

State
FL

Zip Code
33326

Purpose of Disbursement
Contribution

Candidate Name
Rep. Debbie Wasserman-Schultz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: 17271853

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Marcia Fudge for Congress

Mailing Address 3729 Silsby Road

City
University Heights

State
OH

Zip Code
44118

Purpose of Disbursement
Contribution

Candidate Name
Rep. Marcia Fudge

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 17271854

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lynn Jenkins For Congress

Mailing Address P.O. Box 1441

City
Topeka

State
KS

Zip Code
66601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lynn Jenkins

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: 17271855

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Harry Mitchell For Congress

Mailing Address PO Box 23748

City
Tempe

State
AZ

Zip Code
85285

Purpose of Disbursement
Contribution

Candidate Name
Rep. Harry Mitchell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 05

Transaction ID: 17272920

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue
Suite 804

City
Niles

State
OH

Zip Code
44446

Purpose of Disbursement
Contribution

Candidate Name
Rep. Timothy J. Ryan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: 17273030

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Michaud For Congress

Mailing Address 213 Lisbon St

City
Lewiston

State
ME

Zip Code
04240

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael H. Michaud

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Transaction ID: 17273133

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 17273257
Mailing Address 3161 Dixie Highway Suite F	Date of Disbursement <div> <div>06</div> <div>09</div> <div>2009</div> </div>
City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Geoffrey Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>1000.00</div>
	Contribution
B. Full Name (Last, First, Middle Initial) Minnick For Congress	Transaction ID: 17273334
Mailing Address P O Box 306	Date of Disbursement <div> <div>06</div> <div>09</div> <div>2009</div> </div>
City Boise State ID Zip Code 83701	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Walt Minnick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>1000.00</div>
	Contribution
C. Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 17273420
Mailing Address PO Box 133	Date of Disbursement <div> <div>06</div> <div>09</div> <div>2009</div> </div>
City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Michael N. Castle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>1000.00</div>
	Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Carney For Congress	Transaction ID: 17273437 Date of Disbursement																				
Mailing Address P.O. Box A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	9												
City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Christopher P. Carney	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 10	Contribution																				

B. Full Name (Last, First, Middle Initial) Bob Brady For Congress	Transaction ID: 17273438 Date of Disbursement																				
Mailing Address 2000 Market Street Suite 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	9												
City Philadelphia State PA Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Robert A. Brady	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 01	Contribution																				

C. Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson	Transaction ID: 17273439 Date of Disbursement																				
Mailing Address 198 Park Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	9												
City Howard State PA Zip Code 16841	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Glenn Thompson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 05	Contribution																				

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwachland State PA Zip Code 19480

Purpose of Disbursement
Contribution

Candidate Name
Rep. James W. Gerlach

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 06

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17273440

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 03

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17273441

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
2012 Contribution

Candidate Name
Sen. Debbie Stabenow

Office Sought: ☐ House
☒ Senate
☐ President

State: MI District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17273442

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

2012 Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Peters For Congress

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gary C. Peters

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: 17273443

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chris Van Hollen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: 17273445

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mountaineer PAC

Mailing Address 607 - 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2009 Contribution

Candidate Name
Mountaineer PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 17288401

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

5000.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) The Madison PAC	Transaction ID: 17288402 Date of Disbursement
Mailing Address 235 State Street #206	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div>
City Springfield State MA Zip Code 01103	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>5000.00</div>
Candidate Name The Madison PAC	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	2009 Contribution
B. Full Name (Last, First, Middle Initial) PEN PAC (Principles Exalt a Nation)	Transaction ID: 17288404 Date of Disbursement
Mailing Address PO Box 1131	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div>
City Anderson State IN Zip Code 46015	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>1500.00</div>
Candidate Name PEN PAC (Principles Exalt a Nation)	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	2009 Contribution
C. Full Name (Last, First, Middle Initial) Friends Of Kent Conrad	Transaction ID: 17288407 Date of Disbursement
Mailing Address PO Box 812	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div>
City Bismarck State ND Zip Code 58502	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Contribution	<div>1000.00</div>
Candidate Name Sen. Kent Conrad	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District:	2012 Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Gillibrand For Senate

Mailing Address 313 C Street Ne

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution

Candidate Name
Sen. Kirsten Gillibrand

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Transaction ID: 17288411

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Wyden For Senate

Mailing Address PO Box 3498

City
Portland

State
OR

Zip Code
97208

Purpose of Disbursement
Contribution

Candidate Name
Sen. Ron Wyden

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District:

Transaction ID: 17288425

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jeff Merkley For Oregon

Mailing Address 2236 Se 10th Ave

City
Portland

State
OR

Zip Code
97214

Purpose of Disbursement
Contribution

Candidate Name
Sen. Jeffrey Merkley

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: OR District:

2008 General Debt Re

Transaction ID: 17288433

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Citizens For John Olver For Congress

Mailing Address P.O. Box 819

City State Zip Code
Amherst MA 01004

Purpose of Disbursement
Contribution

Candidate Name
Rep. John W. Olver

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Transaction ID: 17288436

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Charles Boustany Jr Md For Congress, Inc

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles W. Boustany, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 17288646

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Joe Wilson For Congress Committee

Mailing Address Post Office Box 2145

City State Zip Code
West Columbia SC 29171

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joe Wilson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: 17289068

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) John Spratt For Congress Committee	Transaction ID: 17289264 Date of Disbursement
Mailing Address Post Office Box 10986	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div>
City State Zip Code Rock Hill SC 29731	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1500.00</div>
Candidate Name Rep. John M. Spratt, Jr.	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Friends For Jim McDermott	Transaction ID: 17289265 Date of Disbursement
Mailing Address PO Box 21783	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div>
City State Zip Code Seattle WA 98111	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Jim McDermott	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress	Transaction ID: 17289267 Date of Disbursement
Mailing Address Post Office Box 9336	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div>
City State Zip Code Fargo ND 58106	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Earl Pomeroy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Nita Lowey For Congress	Transaction ID: 17289288 Date of Disbursement
Mailing Address PO Box 271	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div>
City State Zip Code White Plains NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> </div> Contribution
B. Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc	Transaction ID: 17289301 Date of Disbursement
Mailing Address PO Box 549	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div>
City State Zip Code Napoleonville LA 70390 Purpose of Disbursement Contribution Candidate Name Rep. Charles Melancon	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> </div> Contribution
C. Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 17289302 Date of Disbursement
Mailing Address PO Box 14631	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div>
City State Zip Code Shawnee Mission KS 66285 Purpose of Disbursement Contribution Candidate Name Rep. Dennis Moore	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> </div> Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael C. Burgess, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 17289316

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Arcuri For Congress

Mailing Address P.O. Box 8508

City
Utica

State
NY

Zip Code
13505

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael A. Arcuri

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: 17289318

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Shelley Moore Capito For Congress

Mailing Address P.O. Box 11519

City
Charleston

State
WV

Zip Code
25339

Purpose of Disbursement
Contribution

Candidate Name
Rep. Shelley Moore Capito

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: 17289337

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends Of Glenn Nye

Mailing Address PO Box 68444

City
Virginia Beach

State
VA

Zip Code
23471

Purpose of Disbursement
Contribution

Candidate Name
Rep. Glenn Nye

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: 17289338

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Pascrell For Congress

Mailing Address P.O. Box 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
Contribution

Candidate Name
Rep. William J. Pascrell, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: 17289339

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Adler For Congress

Mailing Address 14 Knightswood Drive

City
Marlton

State
NJ

Zip Code
08053

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Herbert Adler

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: 17289340

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Common Sense, Common Solutions PAC

Mailing Address 1155 21st St, NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
2009 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17289341

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

2500.00

2009 Contribution

B.

Full Name (Last, First, Middle Initial)

Quigley For Congress

Mailing Address PO Box 13040

City Chicago State IL Zip Code 60613

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mike Quigley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 05

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17289348

Date of Disbursement

06 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Bob Etheridge For Congress Committee

Mailing Address Post Office Box 28001

City Raleigh State NC Zip Code 27611

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bob Etheridge

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 02

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17289362

Date of Disbursement

06 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Schauer For Congress	Transaction ID: 17289368
	Mailing Address PO Box 100	Date of Disbursement
	City Battle Creek State MI Zip Code 49016	<div> <div>06</div> <div>17</div> <div>2009</div> </div>
	<div> <div>Purpose of Disbursement Contribution</div> <div>Candidate Name Rep. Mark H. Schauer</div> </div> <div>011 Category/ Type</div>	Amount of Each Disbursement this Period
	<div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: MI District: 07</div> </div>	<div>1000.00</div>
		Contribution
B.	Full Name (Last, First, Middle Initial) Boozman For Congress	Transaction ID: 17289369
	Mailing Address PO Box 671	Date of Disbursement
	City Rogers State AR Zip Code 72757	<div> <div>06</div> <div>17</div> <div>2009</div> </div>
	<div> <div>Purpose of Disbursement Contribution</div> <div>Candidate Name Rep. John N. Boozman</div> </div> <div>011 Category/ Type</div>	Amount of Each Disbursement this Period
	<div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: AR District: 03</div> </div>	<div>1000.00</div>
		Contribution
C.	Full Name (Last, First, Middle Initial) John Carter For Congress	Transaction ID: 17289370
	Mailing Address 1717 North Ih-35 Suite 304	Date of Disbursement
	City Round Rock State TX Zip Code 78664	<div> <div>06</div> <div>17</div> <div>2009</div> </div>
	<div> <div>Purpose of Disbursement Contribution</div> <div>Candidate Name Rep. John R. Carter</div> </div> <div>011 Category/ Type</div>	Amount of Each Disbursement this Period
	<div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: TX District: 31</div> </div>	<div>1000.00</div>
		Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Team Emerson For Jo Ann EmersonMailing Address P.O. Box 822
400 Broadway, Suite 501City State Zip Code
Cape Girardeau MO 63702Purpose of Disbursement
ContributionCandidate Name
Rep. Jo Ann Emerson011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 08

Transaction ID: 17289371

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Joe Donnelly For Congress

Mailing Address PO Box 1961

City State Zip Code
South Bend IN 46634Purpose of Disbursement
ContributionCandidate Name
Rep. Joseph Donnelly011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: 17289372

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Friends Of John Barrow

Mailing Address PO Box 8166

City State Zip Code
Savannah GA 31412Purpose of Disbursement
ContributionCandidate Name
Rep. John Barrow011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 17289374

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City
Columbia

State
SC

Zip Code
29211

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. James E. Clyburn

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: 17289375

Date of Disbursement

06 / 17 / 2009

Amount of Each Disbursement this Period

1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jim Himes For Congress

Mailing Address 857 Post Road, #312
Box 456

City
Fairfield

State
CT

Zip Code
06824

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. James A. Himes

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 17289376

Date of Disbursement

06 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Candice Miller For Congress

Mailing Address P.O. Box 182152

City
Shelby Township

State
MI

Zip Code
48318

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Candice S. Miller

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 10

Transaction ID: 17289379

Date of Disbursement

06 / 17 / 2009

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Lucille Roybal-Allard For Congress

Mailing Address P.O. Box 582

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lucille Roybal-Allard

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Transaction ID: 17289381

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B.

Full Name (Last, First, Middle Initial)

Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael Thompson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: 17292290

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C.

Full Name (Last, First, Middle Initial)

Judy Chu for Congress

Mailing Address 777 S. Figueroa Street
Suite 4050

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement
Contribution

Candidate Name
Rep. Judy Chu

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 32

Transaction ID: 17292291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Judy Chu for Congress	Transaction ID: 17292292 Date of Disbursement
Mailing Address 777 S. Figueroa Street Suite 4050	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 9</div> </div>
City Los Angeles State CA Zip Code 90017	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Judy Chu	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Hoosiers For Hill	Transaction ID: 17292293 Date of Disbursement
Mailing Address PO Box 1071	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 9</div> </div>
City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Baron Hill	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Mike McMahon For Congress	Transaction ID: 17292294 Date of Disbursement
Mailing Address 66 Arnold Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 9</div> </div>
City Staten Island State NY Zip Code 10301	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Michael E. McMahon	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Price For Congress

Mailing Address P.O. Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas E. Price, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: 17292297

Date of Disbursement

06 / 17 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Glacier PAC

Mailing Address 818 Connecticut Ave., NW
Suite 1100

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
2009 Contribution

Candidate Name
Glacier PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 17292299

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

2009 Contribution

C.

Full Name (Last, First, Middle Initial)

CHC-BOLD PAC:Building our Leadership Diversity PAC

Mailing Address Post Office Box 310

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2009 Contribution

Candidate Name
CHC-BOLD PAC:Building our Leadership Diversity PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 17292302

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	Transaction ID: 17292303 Date of Disbursement
Mailing Address 76 Magnolia Terrace	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 9</div> </div>
City Springfield State MA Zip Code 01108	Amount of Each Disbursement this Period <div>2500.00</div>
Purpose of Disbursement Contribution	<div>011</div>
Candidate Name Rep. Richard E. Neal	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution
B. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: 17292646 Date of Disbursement
Mailing Address P.O. Box 12567	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 9</div> </div>
City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period <div>2500.00</div>
Purpose of Disbursement Contribution	<div>011</div>
Candidate Name Rep. James E. Clyburn	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution
C. Full Name (Last, First, Middle Initial) Schiff For Congress	Transaction ID: 17292978 Date of Disbursement
Mailing Address 777 S. Figueroa St. Suite 4050	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 9</div> </div>
City Los Angeles State CA Zip Code 90017	Amount of Each Disbursement this Period <div>2000.00</div>
Purpose of Disbursement Contribution	<div>011</div>
Candidate Name Rep. Adam B. Schiff	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution

Candidate Name
Rep. Henry A. Waxman

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 30

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17293558

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Nadler For Congress

Mailing Address Village Station, PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jerrold L. Nadler

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 08

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17293691

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Chris Lee For Congress

Mailing Address PO Box 15395

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Rep. Christopher Lee

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 26

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17293896

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

1250.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Scott Murphy For Congress	Transaction ID: 17294009 Date of Disbursement																				
Mailing Address 615 Glen Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
City Glens Falls State NY Zip Code 12801	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Rep. H Scott Murphy	<table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Scott Murphy For Congress	Transaction ID: 17294039 Date of Disbursement																				
Mailing Address 615 Glen Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
City Glens Falls State NY Zip Code 12801	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. H Scott Murphy	<table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
C. Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Transaction ID: 17294133 Date of Disbursement																				
Mailing Address P. O. Box 713	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Peter Roskam	<table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Adam Smith For Congress Committee

Mailing Address PO Box 23626

City State Zip Code
Federal Way WA 98093

Purpose of Disbursement
Contribution

Candidate Name
Rep. Adam Smith

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 09

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17294253

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

B. Full Name (Last, First, Middle Initial)
PAC to the Future

Mailing Address 268 Bush Street
PMB 3230

City State Zip Code
San Francisco CA 94104

Purpose of Disbursement
2009 Contribution

Candidate Name
PAC to the Future

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17294685

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

5000.00

2009 Contribution

C. Full Name (Last, First, Middle Initial)
John Sullivan For Congress Inc

Mailing Address Post Office Box 470840

City State Zip Code
Tulsa OK 74147

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Sullivan

Office Sought: ☒ House
☐ Senate
☐ President

State: OK District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17296056

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Grassley Committee Inc

Mailing Address PO Box 1000

City
Des Moines

State
IA

Zip Code
50304

Purpose of Disbursement
Contribution

Candidate Name
Sen. Charles E. Grassley

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: 17296534

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Kathy Dahlkemper For Congress

Mailing Address PO Box 1045

City
Erie

State
PA

Zip Code
16512

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kathleen A. Dahlkemper

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: 17296662

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Castor For Congress

Mailing Address 301 W. Platt Street #385

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement
Contribution

Candidate Name
Rep. Katherine Castor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 11

Transaction ID: 17296794

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Braley For Congress Mailing Address PO Box 390	Transaction ID: 17296922 Date of Disbursement <div> <div>06</div> <div>24</div> <div>2009</div> </div>
City Waterloo State IA Zip Code 50704 Purpose of Disbursement Contribution Candidate Name Rep. Bruce Braley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 01	Amount of Each Disbursement this Period <div>1000.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee Mailing Address 120 Maryland Avenue, NE City Washington State DC Zip Code 20002 Purpose of Disbursement 2009 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 17297047 Date of Disbursement <div> <div>06</div> <div>26</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> 2009 Contribution
C. Full Name (Last, First, Middle Initial) BRIDGE PAC Mailing Address 499 South Capitol St., SW Suite 114 City Washington State DC Zip Code 20003 Purpose of Disbursement 2009 Contribution Candidate Name BRIDGE PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 17297132 Date of Disbursement <div> <div>06</div> <div>26</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> 2009 Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mikulski For Senate Committee

Mailing Address P O B 13147

City State Zip Code
Baltimore MD 21203

Purpose of Disbursement
Contribution

Candidate Name
Sen. Barbara A. Mikulski

Office Sought: ☐ House
☒ Senate
☐ President

State: MD District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17297252

Date of Disbursement

06 / 26 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Contribution

Candidate Name
Rep. Earl Blumenauer

Office Sought: ☒ House
☐ Senate
☐ President

State: OR District: 03

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17297448

Date of Disbursement

06 / 26 / 2009

Amount of Each Disbursement this Period

4000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Childers For Congress

Mailing Address PO Box 177

City State Zip Code
Booneville MS 38829

Purpose of Disbursement
Contribution

Candidate Name
Rep. Travis Wayne Childers

Office Sought: ☒ House
☐ Senate
☐ President

State: MS District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 17297640

Date of Disbursement

06 / 26 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	Transaction ID: 17297821
	Mailing Address P.O. Box 868	Date of Disbursement <div> <div>06</div> <div>26</div> <div>2009</div> </div>
	City Levittown State PA Zip Code 19058	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Contribution</div> <div>Candidate Name Rep. Patrick Murphy</div> </div> <div>011</div> <div>Category/ Type</div>	<div>2000.00</div>
	<div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div>State: PA District: 08</div>	Contribution
B.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	Transaction ID: 17298000
	Mailing Address P.O. Box 868	Date of Disbursement <div> <div>06</div> <div>26</div> <div>2009</div> </div>
	City Levittown State PA Zip Code 19058	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Contribution</div> <div>Candidate Name Rep. Patrick Murphy</div> </div> <div>011</div> <div>Category/ Type</div>	<div>1000.00</div>
	<div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div>State: PA District: 08</div>	Contribution
C.	Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 17298123
	Mailing Address PO Box 16646	Date of Disbursement <div> <div>06</div> <div>26</div> <div>2009</div> </div>
	City Milwaukee State WI Zip Code 53216	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Contribution</div> <div>Candidate Name Rep. Gwen Moore</div> </div> <div>011</div> <div>Category/ Type</div>	<div>1000.00</div>
	<div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div>State: WI District: 04</div>	Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) 21st Century PAC	Transaction ID: 17307967																				
Mailing Address 1155 21st Street NW	Date of Disbursement																				
City Washington State DC Zip Code 20036	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
Purpose of Disbursement 2009 Contribution	Amount of Each Disbursement this Period																				
Candidate Name 21st Century PAC	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	2009 Contribution																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																			
011																					
Category/ Type																					
B. Full Name (Last, First, Middle Initial) Yarmuth For Congress	Transaction ID: 17308028																				
Mailing Address 1819 Brownsboro Road Suite 100	Date of Disbursement																				
City Louisville State KY Zip Code 40202	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period																				
Candidate Name Rep. John A. Yarmuth	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Contribution																				
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																			
011																					
Category/ Type																					
C. Full Name (Last, First, Middle Initial) Yarmuth For Congress	Transaction ID: 17308239																				
Mailing Address 1819 Brownsboro Road Suite 100	Date of Disbursement																				
City Louisville State KY Zip Code 40202	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period																				
Candidate Name Rep. John A. Yarmuth	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Contribution																				
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																			
011																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Boyd For Congress	Transaction ID: 17349900 Date of Disbursement																				
Mailing Address P.O. Box 15703	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	9												
City Tallahassee State FL Zip Code 32317	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Candidate Name Rep. Allen Boyd	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Sestak For Congress	Transaction ID: 17353620 Date of Disbursement																				
Mailing Address P.O. Box 16	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City Media State PA Zip Code 19063	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void of 3/09 check	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Rep. Joe Sestak	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Void of 3/09 check																					
C. Full Name (Last, First, Middle Initial) Wicker For Senate	Transaction ID: 17356425 Date of Disbursement																				
Mailing Address PO Box 64	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	0	9												
City Jackson State MS Zip Code 39205	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Roger Wicker	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
2012 Contribution																					

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

165500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	Transaction ID: 17346748 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>4.95</div> Merchant Fees
B. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 17346749 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>11.38</div> Merchant Fees
C. Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 17346750 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>80.44</div> Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ►

96.77

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement
Merchant Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17346752

Date of Disbursement

06 / 04 / 2009

Amount of Each Disbursement this Period

101.93

Merchant Fees

B.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Bank Fee

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17346753

Date of Disbursement

06 / 18 / 2009

Amount of Each Disbursement this Period

30.75

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

132.68

TOTAL This Period (last page this line number only)

229.45